

Case Number:	CM13-0062368		
Date Assigned:	12/30/2013	Date of Injury:	02/09/2004
Decision Date:	04/11/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury sustained February 9, 2004. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, prior lumbar fusion surgery, opioid therapy, physical therapy, acupuncture, deep tissue massage therapy, and an epidural steroid injection therapy. In an October 23, 2013 progress note, the applicant reports persistent low back pain, 7/10, radiating down to bilateral legs. The applicant is on Norco for pain relief. An antalgic gait is noted. The applicant states that Norco is helping him to control symptoms. It is stated that the applicant continues to smoke. It is stated that the applicant's chronic pain issues have not changed and that ongoing usage of Norco is appropriate. It is stated that Norco has been effective in terms of improving the applicant's ability to perform activities of daily living; however, it is not clearly stated which activities of daily living have been ameliorated as a result of the same. The applicant is apparently permanent and stationary and is not working with permanent limitations in place, it appears.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

90 NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain effected as a result of the same. In this case, however, the applicant does not appear to have returned to work with permanent limitations in place. There is no clear evidence of analgesia and/or improved performance of activities of daily living which have been expounded or elaborated upon by the attending provider. While the attending provider states that Norco is helping the applicant in these areas, he does not detail or expound upon how precisely these are helping the applicant or which activities have been ameliorated as a result of ongoing Norco usage. Therefore, the request remains not certified owing to lack of supporting information.

URINALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: While the MTUS Chronic Pain Medical Treatment Guidelines supports intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform urine drug testing. As noted in the Official Disability Guidelines, an attending provider should clearly state which drug test and/or drug panels he intends to test for along with any request for testing. In this case, however, the attending provider has not clearly stated which drug test and/or drug panels he intends to tests for, nor did he furnish the applicant's complete medication list or medication profile along with the request for authorization for testing. The attending provider did not, furthermore, state when the last time the applicant was tested. Several ODG criteria for pursuit of drug testing have not seemingly been met. Therefore, the request remains not certified.